

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029028

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 5628

Registrar's No. 130

FILED JUL 25 1963

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gasconade		c. CITY OR TOWN Nebo	
Length of stay in 1b 33 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. Nebo, Mo.		d. STREET ADDRESS (If outside, give location) R. R. Nebo	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Jefferson Masingill		4. DATE OF DEATH Month Day Year July 19, 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/4/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Gulf Oil Company		10b. KIND OF BUSINESS OR INDUSTRY oil industry	
11. BIRTHPLACE (City and state or country) Hill City, Ga.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Jim Masingill		13b. MOTHER'S MAIDEN NAME Ellen Mae Dupree	
14. NAME OF HUSBAND OR WIFE Elizabeth Masingill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address Elizabeth Masingill Nebo, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Lebanon Mo.		COUNTY STATE	
21. I attended the deceased from Oct 1953 to July 1963 and last saw him alive on July 1, 1963 Death occurred at exact time unknown on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. H. Johnson MD		22b. ADDRESS Lebanon Mo.	
22c. DATE SIGNED 7-20-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/21/63		23c. NAME OF CEMETERY OR CREMATORY Mt. Rome Memorial Cem	
23d. LOCATION (City, town, or county) Lebanon Mo.		24. FUNERAL DIRECTOR Charles J. Fisher	
25. DATE RECD. BY LOCAL REG. 7-20-1963		26. REGISTRAR'S SIGNATURE Hella L. Ray	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Palmer Funeral Home, Lebanon, Mo. (Typed Name of Funeral Home on Reverse Side)

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Tyb

Licensed Embalmer No. 4534

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-20-1963-R. A. R.